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ETON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Sanitary Inspector



FOR THE YEAR 1952

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ETON RURAL DISTRICT COUNCIL

Public Health and General Purposes Committee January to May, 1952

Chairman:

Major W. H. TINDALL, J.P.

Vice-Chairman:

Major L. A. N. MORRIS

Councillor A. W. ARTHURTON, M.Inst.T.

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„ O. STOTT
„ Comdr. A. V. THOMAS
„ T. R. WATSON
„ Lt.-Col. P. G. WRIGHT, T.D.

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„ Mrs. G. A. WICKS
„ Lt.-Col. P. G. WRIGHT, T.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1952

Medical Officer of Health:

G. M. HOBBIN, B.Com., M.B., Ch.B., D.P.H.

Chief Sanitary Inspector:

A. W. G. CORNER (Cert. R.S.I.), M.S.I.A.,

Cert. Inspector of Meat and Other Foods

Deputy Chief Sanitary Inspector:

A. H. V. MARSDEN, M.S.I.A.,

Cert. Inspector of Meat and Other Foods

Additional Sanitary Inspectors:

J. FORREST, M.R.San.I.,

Cert. Inspector of Meat and Other Foods

N. F. COLLIER, M.S.I.A.,

Cert. Inspector of Meat and Other Foods

Rodent Officer:

J. R. SNELL

General Assistants:

H. W. FRY

R. A. WARD

Secretary to the Medical Officer of Health:

Miss B. CAMPBELL (Transferred to Bucks County Council,
23/6/52)

Miss E. M. SMITH (Appointed 23/6/52)

Shorthand-Typist:

Mrs. C. E. PARSONS

Junior Clerk:

Miss J. FRAIN

ETON RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1952

To the Chairman and Members of the Eton Rural District Council:

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my third Annual Report on the health and sanitary circumstances of the district for the year 1952.

We find again, as for a number of years past, that Measles has been the most prevalent of the infectious diseases, although the number of cases dropped by 222 compared with 1951. We experienced an outbreak of Scarlet Fever totalling 78 cases, which is the highest recorded since 1944. The disease was mild in type, with few complications, which is the form we have been accustomed to see in recent years.

The number of cases of Whooping Cough fell steeply from 109 in 1951 to the record low level of 22 in 1952, being the lowest figure recorded for this disease since it became notifiable in October, 1939. There is no evidence, however, that the causal organism is less virulent, nor is it likely that this could be due to improved therapy in the form of new drugs, and the effects of immunisation against this disease must so far be comparatively small.

Fourteen cases of Poliomyelitis were notified, 10 paralytic and 4 non-paralytic, which is the highest for any year since 1941. Here, our knowledge of control measures still leaves much to be desired, and no satisfactory vaccine has yet been devised.

The increase in notifications of Puerperal Pyrexia is due to the new definition of the disease and better notification.

Looking back through the history of infectious diseases, many changes have taken place and we continue to make progress in our measures of control. The progress on the whole has been gradual and, with few exceptions, no spectacular changes have taken place from year to year. One hundred years ago, Smallpox, Scarlet Fever, Measles and Whooping Cough carried a very high mortality rate and at that time they were believed to be insusceptible to control.

It is recorded that in one large town 518, out of every 1,000 children born, died before the age of 10 from one of those diseases. The intervening century has seen a dramatic improvement. Diphtheria has been very effectively subdued by the immunisation campaign of the past twelve years, Smallpox rarely makes an

appearance and Scarlet Fever and Measles are at present in such mild forms that they are no longer a major cause of death.

The position as regards Whooping Cough is also very much better, for whereas this infection caused 1,338 deaths per million in children under 15 years in England and Wales between 1851 and 1855, it was responsible for only 81 per million during the period 1945-1949. The decline, however, in the case of Whooping Cough has been less steep than in the case of other infectious diseases, and thus its relative position has become increasingly more important in recent years. For example, since 1946 deaths in England and Wales from Whooping Cough have exceeded those from Smallpox, Scarlet Fever, Measles and Diphtheria added together, and as a cause of infant deaths from infection it comes next to the two rather ill-defined groups of "Bronchitis-pneumonia" and "Diarhoea-enteritis."

Also a matter of some importance is that children lose more days from school per case of Whooping Cough than from any other communicable disease, and apart from Poliomyelitis none other carries so high a risk of permanent after effects.

Reverting to the position in this district, I am happy to say that Whooping Cough has not presented such a dismal picture during 1952; we have had a good year but we do not know how long our luck will last.

In reading this report the rates per 1,000 must be studied in conjunction with the actual figures in order to get a true conception of the position. Rates may appear to be abnormally high, whereas in fact the numbers concerned are very small.

Reviewed over a number of years the population does not appear to have increased consistently. During 1952 the increase was 880, while the 1951 increase was 1,590, and the previous year only 300. This may be to some extent associated with the proximity of the area to London, which would account for more migration of the population to and fro than would normally be encountered in a rural district.

The principal cause of death was shown to be diseases of the heart and circulation together. Cancer comes an easy second with 92 deaths, while Tuberculosis, once the scourge of the country, accounted for only 10 deaths, which is just half of the number that died from Bronchitis, and the same as the figure recorded for deaths from Pneumonia. From this it would appear that tuberculous diseases are now well under control and that one of the major killers yet to be harnessed is Cancer.

I should like, in conclusion, to take this opportunity of thanking the Chief Sanitary Inspector and all members of the staff of the Public Health Department for the assistance they have given me in all aspects of the work throughout the year.

I am,

Your obedient servant,

G. M. HOBBIN,

Medical Officer of Health.

SECTION I

GENERAL STATISTICS

Area (Land and Inland Water)	...	...	...	35,500 acres
Number of inhabited houses at end of 1952 (according to Rate Books)	...	...	...	11,946
Rateable Value at 1.4.52	...	...	...	£415,904
Product of Penny Rate, 1950/51	...	...	...	£1,668
Population. Registrar General's estimate for mid-year 1952	...	...	...	43,870

VITAL STATISTICS

Live Births			<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	310	298	608
Illegitimate	...	...	16	16	32
			—	—	—
			326	314	640
			—	—	—
Birth Rate per 1,000 population...	...	...	...	...	14.59
National Rate	...	...	...	...	15.3
Comparability Factor	...	...	...	...	0.97
Still Births			<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	7	5	12
Illegitimate	...	...	1	1	2
			—	—	—
			8	6	14
			—	—	—
Still Birth Rate per 1,000 Total Births	...	...	...	...	21.41
Still Birth Rate per 1,000 Population	...	...	...	...	0.32
National Rate per 1,000 Population	...	...	...	...	0.35
Deaths			<i>Male</i>	<i>Female</i>	<i>Total</i>
			211	239	450
			—	—	—
Crude Death Rate per 1,000 population	...	...	...	...	10.26
Corrected Death Rate—allowing for sex and age (comparability factor=1.00)	...	...	...	...	10.26
National Death Rate	...	...	...	...	11.3
Ratio of Corrected Death Rate to National	...	...	...	...	0.91

Infant Mortality (Deaths of Infants under 1 year of age)

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	9	7	16
Illegitimate	...	...	...	1	1	2
				—	—	—
				10	8	18
				—	—	—
Death Rate for all Infants per 1,000 Live Births	...					26.32
National Rate	...	...	...	...	...	27.6
Death Rate for Legitimate Infants per 1,000 Legitimate Births	...	...	...	...	...	28.00
Death Rate for Illegitimate Infants per 1,000 Illegitimate Births	...	...	...	...	...	62.50

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	8	5	13
Illegitimate	...	...	...	1	—	1
				—	—	—
				9	5	14
				—	—	—
Death Rate for all Infants under 4 weeks per 1,000 Live Births	...	...	...	...	...	21.88

Mortality of Children under 2 years from Enteritis and Diarrhoea

Total Deaths	...	...	...	...	...	...	Nil
Death Rate per 1,000 Live Births	...	...	...	...	...	...	Nil
National Rate	...	...	...	...	...	...	1.1

Maternal Mortality (Deaths due to or associated with pregnancy and childbearing)

Total from all causes (excluding abortion)	...	...	1
Death Rate per 1,000 live and still births	...	...	1.53

Analysis of Maternal Mortality Rates per 1,000 Total Births and National Rates

					<i>Eton Rural District</i>	<i>England and Wales</i>
(a) Sepsis of pregnancy, childbirth and the puerperium	...	...	...	...	Nil	0.09
(b) Abortion with toxæmia	...	...	...	...	Nil	0.02
Other toxæmias of pregnancy and the puerperium	...	...	...	...	Nil	0.21
(c) Haemorrhage of pregnancy and childbirth	...	...	...	...	Nil	0.09
(d) Abortion without mention of sepsis or toxæmia	...	...	...	...	Nil	0.04
(e) Abortion with sepsis	...	...	...	...	Nil	0.07
(f) Other complications of pregnancy, childbirth and the puerperium	...	...	...	...	1.53	0.20

CAUSES OF DEATH in the Eton Rural District during 1952

					<i>Male</i>	<i>Female</i>	<i>Total</i>
All Causes ...							450
1. Tuberculosis, respiratory	...	...	...	...	5	4	9
2. Tuberculosis, other	...	...	...	...	1	—	1
3. Syphilitic disease	...	...	...	...	3	2	5
4. Diphtheria	...	...	...	...	—	—	—
5. Whooping Cough...	...	...	...	...	—	—	—
6. Meningococcal infections	...	...	...	...	—	—	—
7. Acute poliomyelitis	...	...	...	...	—	1	1
8. Measles	...	...	...	...	—	1	1
9. Other infective and parasitic diseases	...	...	...	...	—	—	—
10. Malignant neoplasm, stomach	...	...	...	...	8	5	13
11. Malignant neoplasm, bronchus	...	...	...	...	16	4	20
12. Malignant neoplasm, breast	...	...	...	...	—	10	10
13. Malignant neoplasm, uterus	...	...	...	...	—	3	3
14. Other malignant and lymphatic neoplasm	...	...	...	...	15	31	46
15. Leukaemia, aleukaemia...	...	...	...	...	1	1	2
16. Diabetes	...	...	...	...	1	1	2
17. Vascular lesions of nervous system	...	...	...	...	32	48	80
18. Coronary disease, angina	...	...	...	...	34	22	56
19. Hypertension with heart disease	...	...	...	...	3	8	11
20. Other heart disease	...	...	...	...	29	32	61
21. Other circulatory disease	...	...	...	...	9	14	23
22. Influenza	...	...	...	...	—	—	—
23. Pneumonia	...	...	...	...	4	6	10
24. Bronchitis	...	...	...	...	11	9	20
25. Other diseases of the respiratory system	...	...	...	...	3	3	6
26. Ulcer of stomach and duodenum	...	...	...	...	3	1	4
27. Gastritis, enteritis and diarrhoea	...	...	...	...	1	1	2
28. Nephritis and nephrosis	...	...	...	...	3	1	4
29. Hyperplasia of prostate	...	...	...	...	2	—	2
30. Pregnancy, childbirth abortion	...	...	...	...	—	1	1
31. Congenital malformations	...	...	...	...	3	4	7
32. Other defined and ill-defined diseases	...	...	...	...	15	16	31
33. Motor vehicle accidents	...	...	...	...	3	2	5
34. All other accidents	...	...	...	...	3	6	9
35. Suicide	...	...	...	...	3	2	5
36. Homicide and operations of war	...	...	...	...	—	—	—

TABLE I

Death and Death Rates per 1,000 Population from Principal Causes, 1948-1952

<i>Disease</i>	1948		1949		1950		1951		1952	
	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>
T.B. Respiratory	12	0.28	8	0.19	6	0.14	6	0.14	9	0.20
Acute Poliomyelitis	1	0.02	1	0.06	1	0.02	—	—	1	0.01
Malignant Diseases of all types ...	86	2.03	59	1.43	84	2.02	80	1.86	92	2.00
Diseases of the Heart, all types ...	125	2.95	118	2.62	118	2.85	156	3.63	128	2.92
Pneumonia	19	0.45	20	0.48	15	0.36	18	0.42	10	0.23
Bronchitis	19	0.45	15	0.36	19	0.45	22	0.51	20	0.46
Suicide	7	0.17	3	0.72	5	0.12	4	0.09	5	0.11
Diabetes	3	0.07	3	0.72	5	0.12	—	—	2	0.04
Vascular Lesions of nervous system	53	1.25	77	1.87	39	0.94	68	1.58	80	1.82

TABLE II

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1942 to 1952

Year	Birth Rates per 1,000 Population		Death Rates per 1,000 Population		Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births	
	Eton Rural District	England and Wales	Eton Rural District	England and Wales	Eton Rural District	England and Wales
1942	15.4	15.8	10.6	11.6	30.1	49.0
1943	17.35	16.5	10.6	12.1	40.6	49.0
1944	18.6	17.6	11.9	11.6	35.4	46.0
1945	17.2	16.1	10.8	11.4	24.3	46.0
1946	18.06	19.1	10.1	11.5	45.4	43.0
1947	19.4	20.5	10.4	12.0	33.5	41.0
1948	16.07	17.9	9.9	10.8	29.3	34.0
1949	16.64	16.7	10.2	11.7	10.2	11.7
1950	15.6	15.8	10.0	11.7	21.6	29.8
1951	14.74	15.5	10.77	12.5	28.39	29.6
1952	14.59	15.3	10.25	11.3	28.13	27.6

TABLE III

Causes of Death of all Infants under 1 year, and Analysis of Ages at Death

(From local returns before correction to place of residence.)

<i>Cause</i>	0-1 <i>day</i>	1-7 <i>days</i>	1-4 <i>weeks</i>	<i>Total</i> <i>under</i> <i>4 weeks</i>	4 weeks- 3 months	3-6 <i>months</i>	6-9 <i>months</i>	9-12 <i>months</i>	<i>Total</i> <i>under</i> <i>1 year</i>
Pneumonia	-	-	-	-	1	2	-	-	3
Congenital Malformation	2	-	1	3	2	-	-	-	5
Prematurity	8	7	-	15	-	-	-	-	15
Other Developmental Conditions	1	-	-	1	-	-	-	-	1
All other causes	-	2	-	2	-	-	-	-	2
Totals	11	9	1	21	3	2	-	-	26

SECTION II
TUBERCULOSIS
TABLE IV

Age Periods	New Cases and Hospital Admissions								
	Pulmonary			Non-Pulmonary			Combined Totals	Number Admitted to Hospital	
	Male	Female	Total	Male	Female	Total		New Cases	Previously Notified
0-1	-	-	-	-	-	-	-
1-5	-	-	1	1	1	-	-
5-15	-	1	1	1	2	1	-
15-25	5	4	9	1	10	2	4
25-35	4	9	13	1	14	6	1
35-45	1	-	1	-	1	2	1
45-55	5	1	6	-	6	2	2
55-65	-	-	-	-	-	1	-
65 and over	2	-	2	-	2	-	-
Totals	17	15	32	-	36	14	8

TABLE V
NOTIFICATION REGISTER

	Pulmonary			Non-Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
No. on Register on 1st January, 1952	223	182	405	66	51	117	522
No. entered by Notification	17	15	32	—	4	4	36
No. entered other than by Notification	18	6	24	—	—	—	24
Number removed from Register due to :—							
(a) Death	5	4	9	1	—	1	10
(b) Removal from District	7	—	7	—	2	2	9
(c) De-Notification	1	1	2	—	1	1	3
No. remaining on Register at 31st December, 1952...	245	198	443	65	52	117	560

TABLE VI

MORTALITY

Comparison of Deaths from Tuberculosis during 1952 with Previous Years

Year	Population	Pulmonary		Non-Pulmonary		Combined Totals	Death Rate Per 1,000 Population
		Male	Female	Male	Female		
1943	39,690	10	4	3	1	18	0.46
1944	39,400	7	9	1	1	18	0.45
1945	38,150	8	3	1	—	12	0.32
1946	39,020	3	5	—	1	9	0.23
1947	39,910	14	5	1	—	20	0.50
1948	42,370	9	3	—	—	12	0.28
1949	41,100	6	2	2	—	10	0.24
1950	41,400	5	1	—	—	6	0.14
1951	42,990	3	3	1	1	8	0.18
1952	43,870	5	4	1	—	10	0.23

Non-Pulmonary Tuberculosis

The sites of infection in new cases of Non-Pulmonary Tuberculosis notified were as follows :—

Site	Male		Female	
	Male	Female	Male	Female
Lumbar Spine	1	—
Ileo Caecal Region	—	1
Cervical Glands	—	1
Pericardium	1	—

SECTION III

Laboratory

The following specimens have been examined at the laboratories of the Public Health Services:—

	<i>Number</i>
Nasal swabs	6
Throat swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincent's Angina	39
Sputum specimens for Tuberculosis	2
Catheter specimen of Urine	1
Faeces for Coli-Typhoid organisms	3
Ice Cream	77
Milk samples	140
Water Samples:	
(a) Drinking Water	55
(b) Swimming Pool Water	10

SECTION IV

MISCELLANEOUS

Staff Examinations (Superannuation, etc.)

Number examined	24
------------------------	----

Rehousing on Medical Grounds

Number of cases investigated	27
-------------------------------------	----

National Assistance Acts, 1948 and 1951

Section 50—Number of burials arranged	2
Section 47—Number of cases investigated as in need of care and attention	3
Number of cases removed to hospital or other institutions by Court Order... ..	Nil

Milk and Dairies Regulations, 1949—Article 20.

In the case of milk samples found to be infected with tubercle, follow-up action concluding with a final notification that the infection has been cleared proceeds from the County Health Department and the Ministry of Agriculture and Fisheries and the District Medical Officer of Health is informed in order that he may have :

the opportunity of taking any additional action he considers necessary. In the case of Brucella Abortus infections no such follow-up action is taken by other Authorities, but when the infection is discovered by the Food and Drugs Authority notification is sent to the District Medical Officer of Health who is left to take appropriate action in accordance with the above regulations. In the case of such infections, if the milk has been treated or is sold subject to its being treated before consumption no further action is necessary apart from warning the farmer to boil any supplies retained for his own use. If, however, it is found that the milk is being sold raw and will not be treated before consumption the Medical Officer of Health may by notice in writing to the producer prohibit the sale of such milk for human consumption. Where such action is taken any person sustaining any damage or loss by reason of a notice served shall be entitled (subject to certain qualifications) to compensation from the local authority concerned, and the Ministry of Health will repay to the local authority three-quarters of any sums paid by way of compensation.

Many notifications in accordance with these regulations are received by me in the course of the year but investigation generally shows that adequate precautions are already being taken.

One case came to my notice in December, 1951, in which it was found necessary to serve notice on the producer, prohibiting him from selling milk which was infected with Brucella Abortus. As the case extended into 1952 it was not included in last year's report.

In this case the farmer was selling his milk raw to a dairy just outside this district, where it was being resold to the public untreated. Some of the milk was actually being distributed back to addresses in this district. Notice was in the first place served in respect of the whole herd and a copy was sent to the Area Milk Officer who agreed with the suggestion that the milk should be consigned to a dairy where it could be pasteurised. Although the producer had a contract with his present dairy he arranged to transfer the whole of his supply for the time being to another dairy where it could be treated. Further sampling was then carried out by our own Officers. The herd was divided into groups and finally the infected group was sampled individually, and the infected cow isolated. The notice in respect of the herd was then withdrawn and a new notice served relating to the infected animal only.

The farmer was advised to consult his own veterinary surgeon, which he did but was informed that no effective treatment could be given, so further sampling was continued until eventually negative results were obtained, when the notice was withdrawn. Meanwhile the whole of the milk from the farm had been transported to the dairy where it could be treated as it was uneconomic

from the farmer's point of view to employ transport for the milk from one animal. The total period covered by the notices was 32 days during which 964 gallons of milk were transported.

A claim of £12 11s. 0d. compensation was paid by this Council.

With regard to this case I should like to comment that but for our good luck in obtaining negative laboratory reports within a reasonable time the notice in respect of the infected animal might have remained in force indefinitely and the amount of compensation payable might have been very large.

The disease is known to be widespread and intermittent in character. The infection may clear without treatment and recur at a later date. It may be for this reason that the regulations do nothing to encourage the dairy farmer to rid the herd of infected cattle. A more serious aspect, however, is that the payment of compensation provides no inducement for the producer retailer to pasteurise his milk supply of his own accord.

If the Medical Officer of Health is to do his duty properly he has no option but to serve notice on the producer in such cases and it appears to be wrong that the local authority should be compelled to pay compensation for an incalculable period in such circumstances.

TABLE VII

Prevalence of Notifiable Diseases

Showing cases notified during 1952, numbers admitted to hospitals and deaths. Also notifications for years 1942-1951.

Disease	Cases Notified 1952	Cases Admitted to Hospital 1952	Deaths 1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	78	36	—	11	39	54	33	37	59	59	103	69	52
Diphtheria	—	—	—	—	—	—	1	2	—	4	4	4	3
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	62	62	—	35	—	—	—	—	—	—	—	—	—
Pneumonia	16	5	10	24	—	2	4	2	2	25	15	26	16
Erysipelas	1	—	—	—	10	7	19	8	26	10	23	30	4
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—
Measles ...	411	6	1	663	155	225	450	297	377	426	70	592	119
Whooping Cough	22	2	—	109	58	74	157	69	77	36	153	71	55
Meningococcal Infection	2	2	—	—	2	—	6	5	—	4	3	1	6
Poliomyelitis—													
(a) Paralytic ...	10	6	1	—	3	6	8	8	1	5	—	1	2
(b) Non-Paralytic	4	2	—	2	7	—	—	—	—	—	—	—	—
Acute Encephalitis—													
(a) Infective ...	—	—	—	—	1	—	—	—	—	—	—	—	—
(b) Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	1	17	1	2	1	—	—	—	—	—
Food Poisoning	1	—	—	—	4	33	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—													
Pulmonary ...	32	12	9	30	24	39	27	42	20	13	25	17	22
Non-Pulmonary	4	2	1	10	3	3	3	6	12	12	8	8	5

TABLE VIII

Analysis of Notifiable Diseases in Age Groups

Disease	Ages in Years of Cases Notified												
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-25	25-35	35-45	45-65	Over 65	Age unknown
Scarlet Fever ...	1	1	3	10	13	44	4	2	-	-	-	-	-
Whooping Cough ...	3	-	3	2	3	9	1	-	-	1	-	-	-
Measles ...	11	27	54	44	41	207	17	4	3	-	-	-	3
Pneumonia ...	-	-	2	-	1	2	1	1	3	2	4	-	-
Poliomyelitis—													
Paralytic ...	-	1	2	-	1	2	1	1	2	-	-	-	-
Non-Paralytic ...	-	-	-	-	-	2	2	-	-	-	-	-	-
Puerperal Pyrexia ...	-	-	-	-	-	-	-	24	32	6	-	-	-
Erysipelas ...	-	-	-	-	-	1	-	-	-	-	-	-	-
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	-	1	-	-	-	-	-	-	-
Food Poisoning ...	-	-	-	-	-	-	-	-	-	-	1	-	-

TABLE IX

Showing Monthly Incidence of Notifiable Diseases

<i>Disease</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
Scarlet Fever... ..	—	2	7	3	2	1	3	—	8	38	13	1
Whooping Cough ...	2	4	2	9	2	3	—	—	—	—	—	—
Measles	—	10	6	4	160	60	5	7	3	18	46	92
Pneumonia	2	—	5	2	—	—	—	—	1	—	—	6
Poliomyelitis— (a) Paralytic ...	—	—	—	—	—	—	1	7	—	1	1	—
(b) Non-Paralytic ...	—	—	—	—	—	—	2	1	1	—	—	—
Puerperal Pyrexia ...	5	3	4	7	8	2	7	5	2	4	9	6
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum ...	—	—	—	—	—	—	1	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	2
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis— (a) Pulmonary ...	3	1	4	4	4	4	3	1	1	2	4	1
(b) Non-Pulmonary	—	—	—	—	1	—	—	1	—	—	—	2

TABLE X

Showing Cases of Notifiable Diseases occurring in each Parish in the Area

<i>Disease</i>	<i>Burn- ham</i>	<i>Datchet</i>	<i>Denham</i>	<i>Dorney</i>	<i>Farnham</i>	<i>Fulmer</i>	<i>Gerrards Cross</i>	<i>Hedger- ley</i>	<i>Horton</i>	<i>Iver</i>	<i>Stoke Poges</i>	<i>Taplow</i>	<i>Wexham</i>	<i>Wray- bury</i>
Scarlet Fever ...	27	2	14	—	1	2	8	2	—	14	1	5	2	—
Puerperal Pyrexia	—	—	—	—	17	—	—	—	—	—	—	45	—	—
Pneumonia ...	—	—	2	—	—	—	—	—	—	8	2	2	2	—
Measles ...	96	12	3	—	7	6	12	1	4	129	8	23	7	103
Whooping Cough	—	—	—	—	—	1	1	—	2	14	—	2	—	—
Poliomyelitis—														
Paralytic ...	2	1	—	—	—	—	—	—	—	3	—	4	—	—
Non-Paralytic	2	—	—	—	—	—	—	—	—	1	—	1	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Meningococcal Infection ...	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Food Poisoning...	—	—	—	—	—	—	—	—	—	1	—	—	—	—

Food Poisoning

One outbreak occurred during the year which was believed to be due to food poisoning.

In November notification was received from the principal of a private school that there had been a number of cases of vomiting and diarrhoea amongst the pupils at the school during the past three weeks.

Out of a total of 58 pupils, 34 day pupils and 2 boarders had been affected and also a member of the teaching staff.

The symptoms of the illness were severe vomiting or diarrhoea or both, the attack generally lasting for 2 to 3 days but in a few cases from 7 to 10 days.

Routine investigations were carried out for possible food poisoning both at the school and at the homes of the day pupils. Nearly all the day pupils had a mid-day meal at school.

On inspecting the school kitchen, larder and food stores it was found that enamel dishes were old and had most of the enamel removed, and also the usual pots, pans and meat roasting trays were old and very difficult to keep clean. It was considered, therefore, that there was a possibility of zinc or antimony poisoning from the imperfect enamel of the cooking utensils, particularly if acid foods (*e.g.* stewed fruits) had been served in these particular dishes. Apple pie had in fact been served at times but in the absence of any retained menus it could not be identified with any particular cases.

It was advised that new cooking utensils be provided forthwith.

The cold water supply cistern in the roof was found to be uncovered and in a dirty condition and mice infestation of the loft in which the cistern was situated was a known fact.

Bacteriological samples of water from this tank and from the main incoming water supply proved to be satisfactory.

It was advised that the cistern should be provided with a tight-fitting wooden cover to exclude dirt and mice after being thoroughly cleaned out.

Rats were found to be present in the garden and in the store sheds where the vegetables were kept; the gardener was using a rat poison stated to contain live organisms. These baits had been laid near the vegetable and poultry food stores and in the vicinity of poultry runs. It was advised that the use of this particular rat poison should be discontinued and that all remaining baits should be collected and destroyed.

Unfortunately there were no active cases of the illness existent when the school notified the Public Health Department and therefore the opportunity to take specimens of faeces from patients for bacteriological examination was denied us. Also, no food specimens had been retained for analysis. It was therefore impossible to come to a positive conclusion but suspicion seemed to rest on the possibility of metallic poisoning from the enamel dishes or rat-infected foodstuffs.

Infective Hepatitis

The doctor in attendance at a private school in the area consulted me regarding an outbreak of infective Hepatitis at the school where 9 boys had been infected within a period of 12 days and a member of the gardener's family a few days later.

There were 58 boarders and 28 day boys at the school and all with the exception of a few who lived nearby had a mid-day meal at school. The domestic staff consisting of 6 living in and one daily help had the same meal and none were infected, and none had recently suffered from any illness which might be associated with the outbreak.

A full investigation of the premises, the source of food supplies and also of the circumstances relating to the individual cases was carried out but this did not reveal any common factor.

As the school was due to close shortly for the Christmas vacation it was finally agreed to close a week or two earlier, and no further cases were reported in the following term.

As a matter of interest it may be mentioned that shortly before this outbreak a live rat was trapped in the neighbourhood and sent to the laboratory for investigation where it was found to be carrying the *Leptospira* responsible for Weil's disease.

In view of the diagnosis of infective Hepatitis, however, this was not believed to be associated.

Immunisation

Diphtheria immunisation has, as in the past, been offered at all Welfare Clinics and School entrants at the age of five are given a "booster dose."

Immunisation against Whooping Cough is also offered and has become quite popular. It is found that nearly all parents at Welfare Clinics prefer to have their children protected against both diseases and the combined vaccine has, therefore, been used almost exclusively for infants. A.P.T. is still the reagent of preference for the "booster dose" at schools.

Investigations under the auspices of the Medical Research Council to test the value of Whooping Cough vaccines have been in progress since 1942 and these continue. An interim report was published in 1951 which stated that field trials had shown that five batches of vaccine (three American and two British) gave substantial protection against Whooping Cough. The product of one American manufacturer gave particularly good results. This may have been due to such factors as the selection of the strains, the composition of the medium on which the organisms were grown, the method of harvesting the growth and the nature of killing and the preservative agents.

Vaccines prepared by the same process are now being manufactured in this country and tested in the field.

The present procedure of estimating the efficacy of Whooping Cough vaccines by field trials is both cumbersome and time consuming, thus investigations are being carried out to devise a means of assaying a vaccine potency by laboratory tests.

Until the potency of Whooping Cough vaccines can be easily standardised it is unlikely that Whooping Cough immunisation will be put on the same footing as Diphtheria, and so become available in bulk under the National Health Service. In the meantime local health authorities may organise immunisation schemes under their own auspices with Ministry approval.

Up to the end of 1952, 83 local health authorities out of 129 in the country had received approval for setting up Whooping Cough prophylactic schemes.

It has to be borne in mind that the employment of a Whooping Cough vaccine comparable in efficacy to the present Diphtheria reagent would not bring about anything like the same improvement in child mortality because of the discrepancy in the number of deaths caused by the two diseases. When the national immunisation campaign against Diphtheria was launched in 1940, that infection was responsible for a death rate of 266 per million persons under 15 years. This is more than six times the present Whooping Cough rate.

TABLE XI
Immunisation and Re-immunisations

Type	Primary Immunisation				Total	Re- Immuni- sation
	Age at Date of Final Injection					
	Under 1 year	1-4 years	5-14 years			
Diphtheria only	39	43	23	105	655	
Diphtheria/Whooping Cough combined	155	144	6	305	—	
Whooping Cough only ...	—	1	—	1	—	

SECTION VI

WATER

The details given in last year's Report of the arrangements for supplying piped water in the District remain unchanged with three Undertakings covering the whole of the District with two other Undertakings giving minor supplies to isolated properties on the fringes of the District. A large number of properties still derive their supplies from shallow wells in the Parish of Wraysbury, and it is to be hoped that the proposals which have been afoot for some years past in this respect will not be held up indefinitely.

The Council entered into a guarantee agreement with the Water Undertaking concerned in respect of a small extension at New Road, Datchet, following adverse reports made on the well supplies in this road.

Details given by the undertakings are as follows:—

Borough of Slough

Mains laid.

Stoke Poges (Cat Farm, Water Tower and Sefton Park Estates)	780 yds. of 4-in. main
Wexham (Plough Lane)	40 yds. of 3-in. main
Datchet (New Road)	90 yds. of 3-in. main

The supply has been sufficient in quantity and weekly bacteriological examinations confirm the high quality of the water and that it is suitable for domestic use. Chlorination is the only form of treatment required.

Rickmansworth & Uxbridge Valley Water Co.

Mains extensions.

Denham (Middle Road, Higher Denham)	82 yds. of 3-in. main
	136 yds. of 2-in. main
Denham (Denham Green Lane)... ..	5 yds. of 6-in. main
Hedgerley (Gregory Road)	13 yds. of 4-in. main
Iver (Wood Lane)... ..	468 yds. of 3-in. main
Wraysbury (New Council Estate, Staines Road)	18 yds. of 3-in. main

The total number of domestic supplies afforded throughout the area at the end of the year was 5,685. The large increase since the last records were given to you is due to the absorption of Gerrards Cross into this Company's water area. The water supply is analysed frequently and the results obtained invariably show it to be perfectly pure and in every way suitable for public supply. All water supplied is sterilised by treatment with chlorine and on leaving the pumping station contains approximately 0.20 to 0.25 p.p.m. residual chlorine.

Burnham, Dorney & Hitcham Waterworks Co. Ltd.

Mains laid.

Burnham (Burlington Road)	...	170 yds. of 3-in. main
Burnham (Hurstfield Drive)	...	101 yds. of 3-in. main
Burnham (Pumpkin Hill)...	...	70 yds. of 4-in. main
Dorney (Harcourt Road)...	...	109 yds. of 3-in. main
Farnham Royal (Stoke Park Ave.)		157 yds. of 3-in. main
Taplow (Hill Farm Road)	...	64 yds. of 3-in. main

Water Analyses

<i>No.</i>	<i>Supply</i>	<i>Type</i>	<i>Result</i>
12	Burnham	Bacterial	Good
4	Burnham	Chemical	Normal
10	Taplow	Bacterial	Good
2	Taplow	Chemical	Normal
8	Service	Bacterial	Good
2	Service	Chemical	Normal

We have had installed at Taplow Pumping Station a Chlorine Residual Recorder which automatically regulates the dechlorination equipment and maintains a constant chlorine residual. Our total consumption has increased by 22 million gallons during the year. This increase, of course, applies to the water area as a whole, which includes part of Slough Borough.

SAMPLES COLLECTED FROM WATER UNDERTAKINGS

(1) <i>Parish</i>	(2) <i>Water Undertaking</i>	(3) <i>Bacteriological Samples</i>		(4) <i>Chemical Samples</i>		(5) <i>Remarks</i>
		<i>Date</i>	<i>Result</i>	<i>Date</i>	<i>Result</i>	
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co....	18/ 2/52	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department ...	18/ 2/52	Satisfactory	—	—	*
BURNHAM	Burnham, Dorney & Hitcham Water Co. ...	10/ 3/52	Satisfactory	—	—	*
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co....	17/ 3/52	Satisfactory	—	—	*
FULMER	Rickmansworth & Uxbridge Valley Water Co....	7/ 4/52	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co....	7/ 4/52	Satisfactory	—	—	*
FARNHAM ROYAL	Burnham, Dorney & Hitcham Water Co. ...	7/ 4/52	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department ...	7/ 4/52	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co....	26/ 5/52	Satisfactory	—	—	*
BURNHAM	Burnham, Dorney & Hitcham Water Co. ...	26/ 5/52	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department ...	26/ 5/52	Satisfactory	—	—	*
IVER	Rickmansworth & Uxbridge Valley Water Co....	26/ 5/52	Satisfactory	—	—	*
DENHAM	Rickmansworth & Uxbridge Valley Water Co....	17/ 7/52	Satisfactory	—	—	*
TAPLOW	Burnham, Dorney & Hitcham Water Co. ...	6/ 8/52	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department ...	6/ 8/52	Satisfactory	—	—	*
WRAYSBURY	Rickmansworth & Uxbridge Valley Water Co....	9/ 9/52	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co....	16/10/52	Satisfactory	—	—	*
DORNEY	Burnham, Dorney & Hitcham Water Co. ...	16/10/52	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department ...	16/10/52	Satisfactory	—	—	*
WRAYSBURY	Rickmansworth & Uxbridge Valley Water Co....	30/10/52	Unsatisfactory	—	—	*†
BURNHAM	Burnham, Dorney & Hitcham Water Co. ...	11/11/52	Satisfactory	—	—	*
WRAYSBURY	Rickmansworth & Uxbridge Valley Water Co....	27/11/52	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co....	10/12/52	Satisfactory	—	—	*

† Repeated 27/11/52 and found Satisfactory.

*Total Mains Samples Collected, 23.

SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES

(1) <i>Name of Swimming Pool or Bathing Place</i>	(2) <i>Controlled by</i>	(3) <i>Bacteriological Samples</i>		(4) <i>Chemical Samples</i>		(5) <i>Remarks</i>
		<i>Date</i>	<i>Result</i>	<i>Date</i>	<i>Result</i>	
Burnham Beeches Swimming Pool (Inlet)...	Privately owned	17/ 7/52	Unsatisfactory	—	—	—
Burnham Beeches Swimming Pool (Outlet)	Privately owned	17/ 7/52	Unsatisfactory	—	—	—
Burnham Beeches Swimming Pool (Inlet)...	Privately owned	23/ 7/52	Unsatisfactory	—	—	—
Burnham Beeches Swimming Pool (Outlet)	Privately owned	23/ 7/52	Satisfactory	—	—	—
Burnham Beeches Swimming Pool (Inlet)...	Privately owned	6/ 8/52	Satisfactory	—	—	—
Burnham Beeches Swimming Pool (Outlet)	Privately owned	6/ 8/52	Satisfactory	—	—	—
Farnham Park Recuperative Home	Privately owned	10/12/52	Satisfactory	—	—	—
Farnham Park Recuperative Home	Privately owned	17/12/52	Satisfactory	—	—	—
Farnham Park Recuperative Home	Privately owned	22/12/52	Satisfactory	—	—	—
Farnham Park Recuperative Home	Privately owned	30/12/52	Satisfactory	—	—	—
Total Samples collected	10	—	—	—	—	—

SAMPLES TAKEN OTHER THAN MAINS

<i>Type of Sample Taken</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Doubtful</i>	<i>Total</i>
Bacteriological	27	26	4	57
Chemical	—	2	—	2

SECTION VII

GENERAL SANITATION

There has been no appreciable change in the relative positions as between conservancy systems (cesspools, etc.) of drainage and main drainage. The cesspool emptying services involving the use of some 14 motor vehicle cesspool exhausters continued to be fully extended and considerable overtime had to be worked at certain periods whilst the disposal of the enormous quantities of cesspool contents did and will continue to present difficulties which require no elaboration.

Refuse collection has continued on a weekly basis and disposal has entirely been by tipping in different parts of the district. Attention of the Council has been drawn to the effect on collections of long carries from premises to vehicles and it has been suggested that in the planning and design of new estates or layouts this factor should receive particular attention.

The most important feature, however, has been the commencement of the Denham Main Drainage Scheme but it is to be regretted that because of Government policy this scheme has been considerably reduced in extent. By the end of the year approximately 450 yards of 15-in. and 750 yards of 9-in. and 12-in. sewer had been laid.

A small extension of some 200 yards of 4-in. pumping main and 60 yards of 6-in. sewer has been completed at North Park, Iver.

In addition 500 yards 7-in. and 9-in. sewer was completed at Sefton Paddock and Bells Hill, Stoke Poges.

The condition of Iver (Northern) Sewage Works has been under consideration, likewise outline proposals for necessary extension and reconstruction, and the latter were being forwarded to the Ministry concerned. It is to be hoped that these proposals, which in my opinion are essential, will not be unduly delayed.

Extensive repair works involving deep excavation and the relaying of a defective section of the sewer at Britwell Road, Burnham, has been completed.

SECTION VIII

LEGISLATION AND DIRECTIVES

A number of important items have come into operation during 1952 and a few of those which are directly associated with the work of the Department are set out below.

Notification of Vacancies Order, 1952

This Order came into force on 25th February, 1952. Certain members of the Public Health Department would probably be

exempt in accordance with the list of employments to which the Order does not apply, viz., personnel employed in a “ professional, administrative or executive capacity.” This would appear to include those on the A.P.T. Grades.

Public Health (Tuberculosis) Regulations, 1952

These Regulations revoke the Public Health (Tuberculosis) Regulations, 1930, and make similar provision for the notification of Tuberculosis modified to accord with the structure and administration of the services now being provided under the National Health Service Acts.

Ministry of Health Circular 14/52: Ice Cream (Heat Treatment, etc.), Amendment Regulations.

The Ice Cream (Heat Treatment, etc.) Regulations, 1947-1951, prescribe certain requirements to be observed in the manufacture of ice cream intended for sale for human consumption and in particular require the mixture to be subjected to one of two methods of heat treatment. These regulations provide for a third method of heat treatment as an alternative to the two existing methods.

Public Health (Aircraft) Regulations, 1952.

These Regulations came into force on 1st October, 1952, and the Public Health (Aircraft) Regulations, 1950, are revoked.

The revision of the 1950 Regulations has been necessary following the adoption by the Fourth World Health Assembly in May, 1951, of the International Sanitary Regulations (World Health Organisation Regulation No. 2) which will operate from 1st October, 1952, and will replace the present International Sanitary Conventions.

The new regulations are much more comprehensive than any of the previous, some definitions have been changed and some new terms have been introduced. A great deal more responsibility has been placed on the Airport Medical Officer and his duties more exactly defined as his relations with the Customs Officer, Immigration Officer and Aircraft Commander.

Arrangements are made for the inspection of aircraft, the examination of persons suspected of suffering from, or to have been exposed to infection from, an infectious disease, or suspected of being verminous, and in these and other similar circumstances authorises measures to be taken for preventing danger to public health.

International Certificates of Vaccination

The Regulations prescribe new forms of International Certificates of Vaccination against Cholera and Smallpox and, to be valid, any such certificates must bear an approved stamp in a form prescribed (in England and Wales) by the Minister. The purpose of the stamp is to certify that the vaccination was done by a person qualified to do it—*i.e.* in this country, that the signature of the vaccinator on the certificate is that of a doctor.

SECTION IX

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

<i>Centre</i>	<i>Location</i>	<i>Session</i>	<i>Session with Medical Officer</i>
Burnham	Village Hall, Gore Road	1st & 3rd Tuesday	1st Tuesday
Datchet	Working Men's Club	2nd & 4th Wednesday	2nd & 4th Wednesday
Denham	Old Police Station, Oxford Road	Weekly Wednesday 2-4 p.m.	1st, 2nd and 4th Wednesday
Gerrards Cross	British Legion Hall	1st & 3rd Friday	3rd Friday
Hedgerley	Memorial Hall	1st & 3rd Wednesday	3rd Wednesday
Horton	Champney Hall	1st & 3rd Wednesday	1st Wednesday
Iver	Village Hall	1st & 3rd Wednesday	3rd Wednesday
Iver Heath	Village Hall	2nd & 4th Wednesday	4th Wednesday
Richings Park	Church Room	2nd & 4th Monday	2nd Monday
Stoke Poges	Village Hall	2nd & 4th Tuesday	4th Tuesday
Wraysbury	Scout Hut	2nd Thursday	2nd Thursday

Birth Control Clinics

Slough:

Social Centre, Farnham Road Wednesday, 2-4 p.m.

Health Centre, Burlington Road Friday, 2.30-4 p.m.

High Wycombe:

Health Centre, The Rye ... Weekly, Tuesday, 2 p.m.

Tuberculosis

The Chest Clinic is at Kipling Memorial Building, Alma Road, Windsor, where appointments may be made with the Chest Physician in Charge.

Venereal Diseases

King Edward VII Hospital, Windsor.

Hillingdon Hospital, Hillingdon, Middlesex.

Royal Berkshire Hospital, Reading.

Registered Nursing Homes

There are a number of registered Nursing Homes in the Eton Rural District. Location and further particulars of these may be obtained from the Medical Officer of Health.

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR

For the Year 1952

To the Chairman and Members of the Public Health Committee.

LADIES AND GENTLEMEN,

I submit herewith my Annual Report on the work of your Sanitary Inspectors.

It is gratifying to refer to one of the two major problems that have consistently appeared in Reports in recent years, *i.e.* that of the absence of main drainage to so many of the properties in the District. The commencement of the Denham Drainage Scheme so unfortunately pruned due to the exigencies of the present day will ultimately afford some relief to the Council's Public Cleansing services and what is more important give to the householders concerned facilities for the use of water for domestic purposes without the everlasting headache of wondering towards the end of the monthly period whether the cesspool would be overflowing before the cesspool exhauster arrived.

With regard to moveable dwellings referred to elsewhere in the body of the Report, I have little to say apart from what has been said in previous Annual Reports, other than that the secondment of the Deputy Chief Sanitary Inspector, Mr. Marsden, for nearly a year on this problem, did curtail routine matters to some extent.

In reviewing the year as a whole no other matter appears to call for comment except that it has been a pleasure to work under your Medical Officer of Health, Dr. Hobbin, and with Mr. Marsden, Mr. Forrest and Mr. Collier, and, not least, the Office staff.

Once again I take this opportunity of saying "thank you" to you, Mr. Chairman, the Members of the Council, the Clerk, and all members of the Staff, including that of the Area Planning Officer, for generous consideration and assistance throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. W. G. CORNER,

Chief Sanitary Inspector.

SECTION X

INSPECTION AND SUPERVISION OF FOOD

Milk

The retail dairy premises and vehicles in use on the streets in the distribution of milk continued to be inspected at frequent intervals and conditions were found to be satisfactory.

No new dairy premises have come into operation.

A number of visits were also made to farms in respect of the notification of Tuberculosis and/or *Brucella abortus* in milch cows as affecting the milk supply and is referred to elsewhere in this Report.

The bulk of the milk supplied is probably from the multiple dairies outside the District and is mainly heat treated.

One-hundred-and-forty samples of milk were taken from various dairy premises and during course of delivery and submitted, as heretofore, to the Public Health Laboratory at Reading with following results:—

<i>Designation</i>	<i>Number taken</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Test Incom- plete</i>
Pasteurised	68	65	1	2
Tuberculin Tested (Pasteurised)	53	46	6	1
Tuberculin Tested	6	4	2	—
Sterilized	7	7	—	—
*Undesignated	6	5	1	—
	—	—	—	—
Total	140	127	10	3
	—	—	—	—

*These samples were sent for examination for presence of *Brucella abortus*: of the 6 taken 1 was found to be positive.

Milk Special Designation Orders

Licences for designated milk were granted as follows:—

Dealers' Licences

Pasteurised	12
T.T.	12
Sterilized	10

Dealers' Supplementary Licences

Pasteurised	11
T.T.	11
Sterilized	4

Ice Cream

Nine premises are registered under the Food and Drugs Act, 1938, for the manufacture and sale of ice cream and 85 premises for sale.

Some of the first category are not now in active use.

The number of premises for sale of ice cream shows a further increase since last year.

During the course of routine sampling a small splinter, thought to be wood, was found in one sample. At the invitation of the makers, a large firm outside the District, a visit was made to their premises when it was found that the splinter had come from a brush used for cleaning a conveyor belt.

*Seventy-seven samples of ice cream were sent to the Public Health Laboratory at Reading (as against 49 last year) with these results:—

Grade 1	...	28	Grade 3	...	10
Grade 2	...	17	Grade 4	...	14
		—			—
		45			24
		—			—

(*Includes 8 on which examination could not be completed at the Laboratory.)

The results by Grading are just slightly better than those for the previous year.

Meat and Other Foods

(a) Meat

The position relating to the killing of animals for human food remains the same as indicated in last year's Report. No Government slaughterhouse operates in the District and slaughtering otherwise is restricted to a small number of the "cottager's pig" and the occasional emergency slaughter.

In cases of illicit or suspected illicit slaughtering of animals your Officers co-operate with the Food Enforcement Officers of the Ministry of Food and in this connection a person was convicted at Burnham Police Court early in the year for an offence in December, 1951.

No action was necessary under the Public Health (Meat) Regulations, 1924, etc.

Visits to butchers' shops	...	192
Other visits <i>re</i> slaughtering, etc.		32

(b) Unsound Foods

The following shows the various articles of food considered unsound or unfit for human consumption, mainly surrendered by shopkeepers, etc.:—

Meat and Meat Products

- 63 $\frac{3}{4}$ lbs. Home Killed Beef
- 54 $\frac{1}{2}$ lbs. Bovine Offal
- 30 lbs. scraps of Meat, Mutton and Beef (Decomposition)
- 33 lbs. Imported Lamb
- 24 lbs. Argentine Chilled Beef
- 88 lbs. Danish Luncheon Meat (Pork)
- 63 lbs. Beef Sausages
- 41 Rabbits (English) (Decomposition)
- 24 tins of Meat (Ham, Pork, Chicken, Veal Loaf, Tongue)
- 2 Lambs' Heads
- 5 Meat Pies

Milk

- 2 tins Evaporated Milk

Fruit

- 3 tins Banana Pieces
- 3 tins Plums

Cheese

- 15 lbs. Cheese

Miscellaneous

- 28 lbs. Cooking Fat (Rancidity)
- 28 lbs. Dripping
- 22 tins Peas (Processed)
- 4 tins Tomatoes
- 1 tin Pears (Bartlett)
- 2 jars Jam
- 3 jars Pickles

SECTION XI

SLAUGHTERHOUSES AND KNACKER'S YARD, ETC.

Food and Drugs Act

One application for the renewal of a slaughterhouse licence and one in respect of a knacker's yard were received and granted.

Slaughter of Animals Act, 1933

Renewals	12
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Game Licences

Renewals	16
New licences	4
					<hr/> 20

SECTION XII

RODENT INFESTATIONS AND DESTRUCTION, ETC.

The work relating to the destruction, etc., of rats and mice as required by the Prevention of Damage by Pests Act, 1949, continued on the same lines as the previous year but some extra assistance has been necessary and given to the full-time Rodent Officer-Operative whose work is summarised as follows:—

	<i>Primary</i>
Visits 	463
Treatment (gassing, baiting and trapping)	1,132*
Dead rats found 	679
Dead mice found... 	96

*Including treatment of 29 business premises for which charges were made.

The following is extracted from Form PDR/R.2:—

Type and total estimated number of premises:—

Local Authority	21
Dwelling Houses 	11,409
Business premises 	1,400
Agricultural property 	358

Class of infestations:—

Major 	45
Minor 	517
Mice only	9

Notices served:—

Under Section 4	6
Under Section 6	—
Informal	4

Proceedings under Sections 3, 4, 5, 8, 9, and 22 —

Following the receipt of information regarding the illness of a dog at Farnham Royal, traps were put down and a live rat, which was caught, was sent to the Veterinary Laboratory of the Ministry of Agriculture and Fisheries at Weybridge. A report subsequently received from the Laboratory confirmed the presence of *Leptospira* which was thought to be *L. Icterohaemorrhagiae*.

It was agreed between the Laboratory and the Medical Officer of Health that it would be of interest to determine the incidence in the district of carriers of the disease and therefore check trappings in different parts started in September and were still in progress at the end of the year. No other positive results were reported.

Complaints regarding other rodents, rabbits, squirrels, etc., were passed as received to the County Agricultural Executive Committee at Stoke Mandeville.

SECTION XIII

DISINFECTIONS AND DISINFESTATIONS

(a) Disinfections of Premises

Scarlet Fever	...	10	Tuberculosis	...	7
Removal of bedding for steam disinfection	...	...		...	11
(8 in respect of Tuberculosis, 3 in respect of Polio-myelitis)					

(b) Disinfestation of premises

Bugs	...	...	...	...	...	1 premises
Other insects	...	...	...	...	...	42 premises

The disinfection of bedding is carried out at the old Isolation Hospital, Cippenham, by arrangement with the Windsor Group Hospital Board, conveyance to and from being done by the van from the Council's Cleansing Depot at Horton. The question of conveyance is receiving consideration at the present time.

The number of bug infestations is again low and is probably due to the reasons set out in last year's Report. So far as disinfestations relating to other insects is concerned these include treatment for various insects, ranging from ants, cockroaches, silver fish, fleas, etc., and it has been our experience that the first-mentioned has been most difficult to eradicate.

SECTION XIV

1. INSPECTIONS for Purposes of Provisions as to Health (including inspections made by Sanitary Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	20	14	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	143	121	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	—	12	—	—
Total ...	163	147	8	—

2. CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	2	2	-	1	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature (S.3) ...	-	-	-	-	-
Inadequate ventilation (S.4) ...	1	1	-	-	-
Ineffective drainage of floors (S.6) ...	-	-	-	-	-
Sanitary conveniences (S.7)—					
(a) Insufficient ...	1	1	-	-	-
(b) Unsuitable or defective ...	4	4	-	-	-
(c) Not separate for sexes ...	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total ...	8	8	-	1	-

Outworkers inspections ... 14

Workplaces inspections ... 12

SECTION XV

MOVEABLE DWELLINGS

With the commencement of the year the position regarding moveable dwellings (mainly caravans) used for residential purposes could, as for 1951, be described as difficult, but the implementation of the Council's policy as adopted in July of that year appeared to be having effect. This was noticeable in the lessening of the number of multiple sites being set up coupled with and probably due to some extent to prompt enforcement action taken by the Council and the County Council under the Town and Country Planning Act, 1947.

The Council in pursuance of their policy considered the provision of further sites to that opened at Datchet in June to receive caravans from unauthorised sites, and at the end of the year a new site at Denham with a capacity of 98 caravans was in sight of completion.

As the result of appeals against refusal to grant permission one large site of 100 caravans was allowed and in a further case an increase (reduced to 88) was allowed to an existing site, but in the last-mentioned instance the site owner did agree to co-operate with the Council in that he would take a number of caravans which the Council desired to regroup from unsatisfactory sites. Although it has always been appreciated that some variation might have to be accepted in the light of present-day circumstances it might well be that but for the adoption of the policy previously referred to the Council would have by this time been faced with a problem for the present and the future, not forgetting in this respect that of ultimate and permanent rehousing, of an additional 1,500 caravans to the 800-900 already estimated as existing.

A furtherance of the policy seems inevitable, despite the manifold difficulties, both legal and administrative, and although as with other matters criticism uniformed and otherwise, may be directed against it, I am of the opinion that there is no alternative unless and until the Government examine the whole position against the background of the housing and associated problems and clear directions given to all local authorities. It is to be hoped that if and when a National policy is evolved it will take into account the necessity for some legal standard of measurement, capacity, and separation of the sexes in relation to moveable dwellings, together with provision for the control of rents, reasonable security of occupation on sites, etc.

SECTION XVI

HOUSING

Details of progress in respect of the provision of new houses and action taken in regard to unfit houses, etc., are given below:—

The practice of referring all newly reported unfit houses to the Unfit Houses Sub-Committee of the Housing Committee for inspection by them prior to formal action has continued.

New Houses

331 houses were completed during the year as follows:—

1. By the Council	...	...	...	...	236
2. By private enterprise	...	...	...	...	95

Unfit Houses

(a) *Individual Unfit Houses*

Demolition Orders made in respect of	...	...	13
Undertakings accepted	...	...	5
Closing Orders made in respect of part of a building			1
Premises demolished in pursuance of Demolition Orders:—			
(a) By Council in default of owner	...	...	—
(b) By owner	...	...	—
Premises demolished where Undertakings previously given	...	...	—
Premises demolished (informal action)	...	...	—
Undertakings cancelled (property made fit or converted)	...	...	7
Closing Orders determined (property made fit or converted)	...	...	1

(b) *Clearance Areas*

Houses demolished in Clearance Areas confirmed prior to outbreak of War, 1939 (18 houses in 5 Clearance Areas are outstanding)... Nil

Improvement Grants, Housing Act, 1949

Three applications for Improvement Grants amounting to some £710 in total were approved by the Council and subsequently by the Minister.

One application for a Grant was refused by the Council.

SECTION XVII

OTHER MATTERS

Petroleum (Consolidation) Act, 1928

Licence applications:

Renewals	...	...	...	...	...	...	119
New...	...	...	...	...	...	...	4

Total licence capacity:

Petroleum Spirit	...	...	...	189,320 gallons
Petroleum Mixtures	...	...	...	660 gallons

Towards the end of the year consideration was given to the recommendations contained in the Home Office Report of this year on an explosion affecting petroleum spirit storage at Bristol in 1951, and steps were taken so far as possible to implement such recommendations.

Rag Flock and Other Filling Materials Act, 1951

One application was received and registered in respect of premises where filling materials are used. No samples were taken.

Pet Animals Act, 1951

No applications were received for a licence under this Act.

Public Health Acts (Amendment Act), 1907, Section 86

An application was made by the Council to the Home Secretary for an Order declaring Section 86 relating to Dealers in Old Metal and Marine Stores to be put in force in the district.

SECTION XVIII

NOTICES

Formal

Housing Act, 1936 (Section 9)	Nil
Public Health Acts	41

Informal	327
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Visits and Inspections

Housing (including Public Health)...	818
Drainage	690
Nuisances (refuse deposits, animals, dust, etc.)	...	14	
Factories:			
(1) Motive Power	...	...	108
(2) Non-motive Power...	...	...	14
Workplaces	...	...	11
Outworkers	...	...	8
Food Premises, Shops, Restaurants, etc.	...	...	509
Infectious Disease	...	...	235
Moveable Dwellings (including Sites)	...	...	1,026
Hutted Camps	...	...	4
Gypsies	...	...	12
Refuse (including Tips)	...	...	80
Petroleum	...	...	116
Infestations	...	...	84
Shops Acts	...	...	88
Smoke Abatement	...	...	15
Stables and Piggeries	...	...	28
Slaughterhouses and Knackers' Yards	...	...	20
Miscellaneous Sanitary Visits	...	...	218